



Cost Recovery and Sustainability for JAFPP—Phase II (July 1, 2001 - June 30, 2006)

Grantee: JSI Research & Training Institute, Inc.

Report Period: July 1 – September 30, 2004

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Program Activities

The description of Program Activities in all Quarterly and Annual Reports will follow the outline of the Implementation Plan so as to facilitate the annual evaluation of this results-oriented project.

Task I (Finance): **To achieve financial sustainability of services of services and programs**

Expected End-Result I: Reach 75% cost-recovery in relation to JAFPP's overall budget

I.1 Enhance revenues from the current portfolio of services

Activity this Quarter:

- JSI and JAFPP worked with Infotec to identify algorithms that would enable the CMIS to generate service statistics needed to feed into the 2004 PFA-based cost analysis.
- The Board of Directors approved increases in client fees for selected services to be effective on October 1, 2004. The staff was informed of the changes in fees, and the CMIS was modified to reflect the price increase. Price boards at clinics were adjusted.
- A strategy for enhancing revenues from third-party payors was laid out:
 - ◊ Market JAFPP's services to employers covered under the current MedServices contract;
 - ◊ Secure contracts with other TPAs;
 - ◊ With MedServices, develop and market a new product which covers preventive services, particularly family planning, and;
 - ◊ With MedServices, develop and market a new product that links JAFPP antenatal/postpartum services with delivery services at MedServices-affiliated hospitals.
- With the assistance of the JSI Project Director, the Marketing staff outlined the “cost-benefit” analysis for convincing TPA's, and the management of self-insured companies that covering family planning services will positively effect their bottom line

Next Steps:

- Make the programming changes necessary to the CMIS to generate the service statistics necessary to feed into the cost analysis and complete the cost analysis
- Keep in touch with the Directorate of Health Insurance so that JAFPP will be on their minds as they plan for future projects.
- Update CMIS to reflect price increase

- Continue to monitor the collections of client fees, with particular attention to the impact of the new fees on clinic revenue and services provided, and to the effect on sustainability.

I.2 Expand JAFPP's current portfolio to include new services and programs, including major investments, which are not only self-sustaining but also generate surplus revenue that will contribute to the overall sustainability of JAFPP as an organization

Activity this Quarter:

- The Mobile Outreach Pilot Project enjoyed an active quarter. The Irbid Unit conducted 88 meetings with a total of 1586 participants, 77 of which received services at the unit and 28 were referred to the JAFPP clinic in the area. The Zarqa Unit, which started operating in July, conducted 86 meetings with a total of 1853 participants, 37 of which received services at the unit and 142 were referred to the JAFPP clinic in the area. In spite of these promising results, based on the recommendations of the Evaluation Team that the Project no longer support community outreach activities, the Mobile Outreach Pilot Project was terminated as of September 30, 2004.

Next Steps:

- Donors will be sought to fund the Mobile Outreach Program. Preliminary overtures were made to UNFPA.
- Commission the pharmacy feasibility study

I.3 Undertake an aggressive program of financial development

Activity this Quarter:

- Final approval from the Canadian Fund to donate to the Aqaba Clinic Complex was secured. The Canadian Fund will donate JD 14,000 for the purchase of medical equipment and JD 1,000 for awareness activities.
- A proposal was submitted to AGFUND to donate JD 50,000 to the Aqaba Clinical Complex.
- A proposal was submitted to the Embassy of Japan to donate JD 40,000 for the continuation of the Mobile Outreach Project and for support in running the Sweileh Clinic. Verbal approval has been secured so far.
- Planning continues for the fundraising dinner-show. However, the scheduled date was postponed till March 2005 for a function that would be related to Mothers' Day. It is expected to be under the patronage of H.R.H. Princess Alia Al Faisal.
- Implementation of the "boutique" concept at each clinic started. The Fundraising Chief, Numan Musallam contacted several companies to sponsor the production of the display area. Johnson & Johnson promised final approval by the end of this year. National Paper Co. also sounded promising. Plastic bags to be used to send boutique "products" home were designed.
- A number of international organizations were contacted for possible donations: JICA, UNDP, CARE Int'l, Red Cross, WHO, and UNICEF. All apologized for the fact that they do not donate to such programs as the one being implemented by JAFPP.
- The Fundraising Unit prepared for the National Fundraising Day to take place October 1,

2004 by preparing brochures to be distributed at the event, recruiting volunteers to man the JAFPP booth, and designing the booth.

Next Steps:

- Continue follow-up with the Ministry of Planning, Industrial Development Bank, and AGFUND to secure official written approvals.
- Participate in the planning meetings for the National Fundraising Day now scheduled to be held October 1, 2004.

I.4 Expand JAFPP's portfolio of investments

Activity this Quarter:

- The Ministry of Social Development still has not approved the minutes of the June General Assembly Meeting which included Charter amendments which contained several clauses pertaining to investment. Without this approval, the JAFPP Board feels that it cannot make further investment.
- JAFPP continues to monitor its investment Portfolio through Atlas reports. Submission of the August report was delayed, however.
- An Investment Committee meeting was held on September 4. At the meeting:
 - ◊ Atlas presented the performance of the portfolio for the first half of the year, for the second quarter of 2004, and for July and August separately.
 - ◊ Atlas proposed several changes to the Investment Policy Statement (IPS) that would combine international, regional and domestic equities, combine international, regional and domestic fixed income securities, and adjust the strategic allocation of the portfolio.

Next Steps:

- Follow up with the Ministry of Social Development to approve the minutes of the GA meeting and the Charter amendments so that further investment can proceed.
- In anticipation of MoSD approval of the Charter amendments, obtain Board approval of the amended Investment Policy Statement, as then preliminary approval from JSI and USAID.

I.5 Sell JAFPP's excess capacity

Activity this Quarter:

- JAFPP has begun moving forward to sell the excess capacity of its training/conference facility:
 - ◊ JAFPP rented meeting space to a local organization at the Irbid 2 Clinic for two events during the quarter, one in July and one in August, generating a total of JD 30 in revenue.
 - ◊ A marketing brochure for the training/conference facility was designed and a price list developed.
 - ◊ A strategy for expanding the comprehensiveness of the services offered was developed—to collaborate with a private company to provide a variety of support services that JAFPP cannot provide internally.

Next Steps:

- Complete the marketing brochure for the training/conference facility and actively market the space.

- Market the availability of two consultation rooms and support services in the Sport City Clinic to private physicians

I.6 Increase individual clinics' capacity for serving clients

Activity this Quarter:

- Evening sessions at Sports City and Mahatta Clinics continue. Overall, cost recovery at the evening sessions dropped to 67%. Mahatta's cost recovery for this quarter was 84%; while lower than the previous quarter (95.7%), this was still acceptable. Because of the poor financial performance of the Sports City Clinic evening session, an investigation into the causes of low performance of the Sports City Clinic will be conducted. New staff was recruited as the old staff from JAFPP resigned.

Next Steps:

- Follow up on the declining cost recovery of the two evening clinics, but especially the Sport City Clinic
- Train clinic staff how to interpret the PFA graphs and statistics more fully to improve efficiency and client flow.
- JAFPP/JSI continue to struggle with the PFA software which is hopelessly out of date. We have been anxiously awaiting CDC's release of WinPFA (with full capacity for producing graphs), which was scheduled for the fall of 2004, but have been informed that the target date for being able to produce graphs has been pushed off until at least the summer of 2005.

I.7 Minimize revenue deficits

Activity this Quarter:

- Irbid 1 Clinic is this quarter's stellar performer with 147.8 % cost recovery in Q13, followed closely by Karak at 132%. Three other clinics achieved full cost recovery or better—Hussein, Qwaismeh and Sport City.
- The Sweileh, Tafileh and Aqaba remain JAFPP's lowest performing clinics in terms of cost recovery—hovering around 50%. Sweileh's cost recovery in Q13 improved slightly over the previous quarter to become 49.4%. However, if local marketing efforts along with the Phase III campaign do not result in substantial improvement, closure of this clinic should be considered. Aqaba and Tafileh's cost recovery declined over the quarter.

Next Steps:

- Hire a local marketing rep for Aqaba as quickly as possible. Efforts should be undertaken to try to determine the cause of the decline.
- Continue to monitor revenue and cost-recovery of clinics and services to identify chronic problems

I.8 Evaluate "make/buy" options

Activity this Quarter:

- In order to prepare the Clinic Acquisition Concept Paper, the JAFPP Executive Director re-surveyed the local banks to determine the current terms at which JAFPP could obtain a mortgage to acquire clinic premises.

Next Steps:

- Complete the clinic acquisition concept paper.

I.9 Monitor performance and progress toward sustainability**Activity this Quarter:**

- The Year 4/Quarter 1 (Q13) SMT was reviewed and updated. Based on the new data for the quarter, projections show sustainability in Year 6 will be 84 %.
- The impact of USAID budget cuts on achievement of the Year 6 sustainability goal and of longer term sustainability was tested. Cuts of 10-25% have an impact of only a few percentage points on Year 6 sustainability, enabling the Project to still meet its goals, but has a more significant impact on longer term sustainability

Next Steps:

- The Sustainability Monitoring Tool will be updated for Q14.

Task II (Structure): To assure effective and efficient provision of services and programs through an optimal organizational structure, improved systems and supportive policies

Expected End-Result II: The optimal organizational structure, management systems and policies in place

II.1 Update all aspects of JAFPP's governance to ensure optimal support for its revised Mission and Goals

Activity this Quarter:

- The Charter amendments which address governance and delegation have been put into process:
 - ◊ On July 3, 2004, JAFPP's General Assembly held its Annual Meeting at which a slate of Charter amendments were presented by the Board and approved by the membership.
 - ◊ On July 4, 2005, the minutes of the meeting, including the Charter amendments, were submitted to the Ministry of Social Development/Western Amman Directorate. The MoSD typically takes a minimum of 3-4 months to review and ratify the minutes of General Assembly meetings, and considering that these minutes contain Charter amendments, the review process could be considerably more protracted.
- In August, the JSI Project Director and JAFPP's Board Chairman, Mr. Abdullah Abu Atta, formulated an alternate strategy to improving governance—formation of a task force including representatives of the Ministry of Social Development and the General Union of Voluntary Societies to develop a model for governance of a “modern Jordanian NGO.” Once defined, JAFPP would serve as the pilot. The first step in this process will be a February 2005 workshop given by Peter Connell on NGO Capacity-Building that would be co-sponsored by GUVS and opened to other NGOs.

Next Steps:

- JAFPP will begin following up with the Ministry of Social Develop in early October if they do not have feedback on their July General Assembly meeting and the Charter amendments before that time.
- Workshop on NGO Capacity-Building will be given in February

II.2 Reorganize JAFPP's organizational structure to ensure optimal support for its revised Mission and Goals

Activity this Quarter:

- A preliminary job description for a Human Resources Manager and how that job description interfaces with that of the Executive Director and the Board on personnel matters was drafted and reviewed by the Executive Director.
- During Q13, all physicians' positions remain filled.
- During Q13, ads were put in the local papers for the hiring of second physicians at Mahatta, Hussein and Irbid 1 Clinics. Suitable candidates were interviewed and short-listed. Three new physicians were hired to start work October 1, 2004.

Next Steps:

- Update the job description of the Executive Director in order to document what authority will be delegated by the Board
- Draft the job description for the Director of Business Development

II.3 Develop management guidelines for each of the business units and for the organization as a whole

Activity this Quarter:

- While the submission of an annual workplan to USAID is required for contractual purposes, the process of development of and adherence to the workplan is a key management activity:
 - ◊ In August, a series of workplanning meetings were to identify activities with potential for significant revenue generation to offset anticipated cuts in the USAID budget. The meetings, facilitated by the JSI Project Director, involved JAFPP's entire headquarters staff. For each activity, staff was asked to make data-based projections of revenues to be generated.
 - ◊ The Executive Director assigned Activity managers to each of the year's proposed activities. During the second half of August and the first week of September, the Activity Managers detailed time lines and budgets for their respective activities.

II.4 Develop or modify JAFPP's management systems to ensure optimal support for its revised Mission and Goals

Activity this Quarter:

- In keeping with the recommendations of the 30-Month Evaluation, the Executive Director continues to take on more responsibility for independent day-to-day managerial decision-making.
- Both the JSI Project Director and the JAFPP senior managers became familiar with Microsoft Project as a management tool. During the workplan development phase, it was used to generate the workplan Gantt Chart.
- Fine-tuning of the new CMIS continues:
 - ◊ The staff of the IS Unit visited all 19 clinics to solve technical problems related to the new CMIS. A new upgrade to the CMIS, which includes some new reports, daily reports related to services and inventory, was installed.
 - ◊ Some changes to the CMIS were made to take into consideration the new fee changes and the addition of insurance companies.
 - ◊ At Tafileh Clinic, client files for the past years were entered into the CMIS to extract reports. Files were not previously entered into the system.
 - ◊ Accounts receivable on the CMIS for CMS referral slips (Private Sector Project) and CARITAS were compared to the financial records at JAFPP HQ.
 - ◊ For the time being, comparison of the reports generated manually and those generated through CMIS continues. Differences were found in FP and RH reporting. Also, reporting on counseling was not accurate and the problem was traced back to the manual system. Instructions to staff were made to improve data collection for the manual system. It is now planned that the manual system be eliminated some time by the end of Q14.
- JAFPP continues to enhance its data-based decision-making and management:
 - ◊ All HQ Units were supplied with monthly and quarterly reports from the CMIS, as well as new reports related to the immigration of antenatal clients to FP.

- ◇ A comprehensive comparison between the three project years and the year previous to the project was made.

Next Steps:

- Indicators for the Year 4 bonuses need to be established and will be disseminated to the staff some time in December.
- A copy of Microsoft Project software will be purchased and installed on JAFPP's server, and, as JSI/JAFPP gain facility with the software, it will be used for monitoring purposes as well.
- Develop control systems that will provide timely feedback on delegation from the Board to the Executive Director, and from the Executive Director to senior management (Activity Managers)

Task III (Marketing): To create greater awareness and increase the use of JAFPP's reproductive health services and programs among women, men and youth

Expected End-Result IIIa: The level of JAFPP's contribution to the national family planning effort is maintained or increased in targeted segments

Expected End-Result IIIb: Achieve a significant increase in the use of JAFPP's reproductive health services

III.1 Develop JAFPP's internal marketing capacity

Activity this Quarter:

- As of the end of Q13, three Marketing Representative positions - Aqaba, Madaba, Zarqa governorates - continue to remain vacant.

Next Steps:

- Upon receiving USAID's approval of the 2004-2005 Workplan and the Clinical Services Division's plan for new services, the Marketing Unit will develop advertising and promotional activities to support their introduction.

III.2 Develop a comprehensive marketing plan

Activity this Quarter:

- The Marketing Reps are implementing the local level marketing plans for FY 2004 under the supervision of the Marketing Assistant.
- Two clinics were identified as "underperforming": Sports City, and Sweileh. Local marketing efforts were identified and plans were developed for these three clinics.
- Three clinics were identified as "over-capacity" and requiring "expansion": Irbid 1, Mahatta and Hussien. Local marketing efforts were identified and plans were developed for these clinics.

Next Steps:

- Local marketing plans will be implemented in the catchment area of all five targeted clinics.

III.3 Use mass media to disseminate messages about JAFPP, its services and programs

Activity this Quarter:

- The contract between JSI and DDB, JAFPP's new advertising agency, has been developed by JSI's Finance and Administration Manager and is awaiting USAID approval of the workplan in order to be signed.
- JAFPP has given JSI's Finance and Administration Manager the complete list of all external signage to ensure relocation and removal, as necessary.

Next Steps:

- The JSI/DDB contract is pending signature. Once signed, the marketing brief for Phase III of the advertising campaign will be developed by the Chief of Marketing.
- JSI/Amman will ensure the completion of all external signage per the list submitted by the Chief of Marketing.

III.4 Maximize JAFPP's internal resources to promote its services and programs**Activity this Quarter:**

- The Marketing Unit has identified the need to promote JAFPP services, in particular ANC and other related RH services to TPAs and other insurance companies.
- The Marketing Unit has identified the need to promote JAFPP's services, in particular FP services, to large employers and their staff.
- The Marketing Unit has identified the need to promote JAFPP services, in particular postpartum services, to new mothers.

Next Steps:

- The Chief of Marketing will contact TPAs/insurance companies with the view to add at least one more to JAFPP's roster of insurance providers, for ANC and related RH services.
- The Marketing Assistant will develop a presentation promoting JAFPP services for the management and staff of large Amman- and Irbid-based employers.
- Hospital visits to promote postpartum services to new mothers will be piloted in Irbid; efforts will be made to tie-in with a prominent baby products company to offer a free gift to mothers during this visit.

III.5 Stimulate awareness through "word of mouth"**Activity this Quarter:**

- As part of the Marketing Unit's ongoing efforts at servicing collaborators, the "Marketing Leaders" program is being developed by the Marketing Reps under the guidance of the Marketing Assistant.
- The Marketing Unit, Community Outreach and Clinic Operations continue to work jointly in selected clinics to invite potential clients to the clinic to attend a lecture and introduce them to the range of services offered by JAFPP.
- The Marketing Unit continued to work closely with the Community Outreach Pilot Project, by having Marketing reps accompany the units on their rounds. This activity was designed to attract new clients and maintain contact with existing clients.

Next Steps:

- Continue work on the above activities

III.6 Test impact of all marketing interventions

Activity this Quarter:

- The Marketing Unit receives regular reports through the CMIS on the impact of its overall efforts and those of specific interventions, as well as all interventions conducted through other collaborating organizations such as JHU's and CMS' community outreach programs.
 - ◊ Total new clients increased by 16.1% during the 12-month period ending September 2004; new FP clients increased by 5.7%.
 - ◊ However, total new clients remained flat during the quarter July-September 2004 as compared with the same period in 2003. While new Antenatal clients increased by 12%, new FP clients, new RH and other new clients showed only a 1-3% increase.

Next Steps:

- Per the previous three quarterly reports, JAFPP/JSI is awaiting direction from USAID to pursue further discussions between CCA/CMS and JAFPP.

Task IV (Services): To meet the reproductive/sexual health needs of women and men through a full range of quality services

Expected End-Result IV: JAFPP's portfolio of services is managed to meet clients' reproductive/sexual health needs

IV.1 Strengthen JAFPP's current competitive advantage in providing high quality family planning and reproductive health services

Activity this Quarter:

- Samples of the new stainless steel instrument that changed in color were sent to vendor for further action. Under the explicit guarantee, these instruments should be replaced free of charge.
- Quality Assurance has been institutionalized and is ongoing. Quarterly reports on the COPE problem-solving exercises as part of the clinics' CQI process were received and reviewed as scheduled. Marketing representatives continue to participate in the process.
- The routine internal Client Satisfaction survey for the quarter was conducted by the clinic staff. It showed high satisfaction rate, with some concerns registered about the prices of the services.
- The quarterly physicians' meeting "Quality Circle" was held in September. The 2004-2005 (Year 4) Workplan along with USAID's new directive to cut JAFPP's operating budget were presented to the physicians by the Director of Clinical Service. The role of the clinic in implementing the updated workplan was discussed.
- The Director of Clinical Services made assessment visits to the evening session clinics to discuss the obstacles and constraints they are facing and assess the technical performance of the physician in charge.
- The Quality Assurance/Training Coordinator visited 14 clinics. General quality issues were assessed such as completeness of the client records and the availability and accuracy of the registry books.

Next Steps:

- QA/Training Coordinator will continue her quality-oriented monitoring visits and will visit the remaining 5 clinics.
- Further analysis of the PFA data will take place. Recommendations for further improvement will be submitted accordingly.
- The services of a professional illustrator will be sought in order to produce the drawings for the educational materials for the peri-menopausal services.
- JAFPP will watch and study the QA process the MoH is beginning to apply in order to learn from it and make decisions about future directions that JAFPP could take to continue their quality journey. JAFPP will continue to study how to apply model clinic criteria in different areas to the creation of a quality accreditation system.
- The meeting and field visit with the MoH was a good first step in establishing a collegial relationship around quality assurance issues and quality assurance program development. Next steps will include a follow-up meeting.

IV.2 Expand JAFPP's portfolio of services

Activity this Quarter:

- The Study Tour participants formed the core of a group to develop the Education/Counseling for Sexual Problems as a new service and pass on the “lessons learned” to their colleagues.
- Development of Counseling Services for Sexual Problems began:
 - ◊ JSI purchased additional resource materials identified by JAFPP.
 - ◊ JAFPP's Curriculum Development Specialist began working on the development of training materials for Sexuality Counseling
- New lab services are progressing well. 7,945 lab services were performed during the quarter with revenue of JD 9,212.
- Development of the new pilot Birth Preparation Classes is gearing up for a January launch.
 - ◊ The birth preparation educational materials were finalized. Several firms were contacted to develop a design for the educational booklet. However, difficulties have been encountered in finding a firm that can produce the exercise booklets at a reasonable price.
 - ◊ Alternative staffing strategies for the Birth Preparation Classes to be piloted at the Sport City Clinic and Irbid 2 and/or 3 Clinic were identified. It was decided that advertising for someone with a nursing background who was willing to take on the activity on a profit-sharing basis was the most feasible.
- Preparatory activities for the establishment of the Aqaba Mammography Center are continuing:
 - ◊ A meeting was conducted with the Head of the Biomedical Department /MOH, whereby the specifications of the mammogram processor unit were determined and license issues were discussed. Market research was begun to identify vendors whose mammography equipment met the specifications.
 - ◊ Collaborative planning with the King Hussein Cancer Center (KHCC) continued. A meeting was conducted with the Head of the Radiology Department at KHCC to discuss the collaboration with that Center in relation to finding and/or training of a female X-Ray technician.
- With the assistance of Nisreen Bitar, it was determined that it was legal for JAFPP to sell over-the-counter vitamins and minerals related to JAFPP's services in the clinics. The process for gaining Ministry of Health approval was explained and is very straight-forward.

Next Steps:

- The scheduled launch of the Birth Preparation Classes, on a pilot basis, will be in January of 2005.
- Recruitment of the staff responsible for conducting the Birth Preparation sessions will be on sharing principle; any fees generated will be shared between the staff and JAFPP.
- A mammography technician needs to be hired, either directly or through the King Hussein Cancer Center in order to move forward with the Aqaba Mammography Center.

IV.3 Increase access to services

Activity this Quarter:

- Supervision of the evening sessions continued.

Next Step:

- In monitoring clinics, attention will be paid to determining the reason for continued and even declining performance at the three consistently lowest performing clinics: Sweileh, Tafileh and Aqaba.

IV.4 Maximize integration of services and continuity of care**Activity this Quarter:**

- Linkages with two private maternity hospitals were explored; one hospital in Eastern Amman was visited. Negotiations with those two hospitals were made and ways of collaboration in providing delivery services were discussed. Fees offered are still beyond the capability of JAFPP clients. Further negotiation to lower the fees is needed.
- The Obstetrics Pilot Project of the Ministry of Health being developed with the assistance of PHR, continues to be on hold. JAFPP intends to apply for participation if this project ever gets off the drawing board.

Next Steps:

- Continue detailing the points of collaboration with the King Hussein Cancer Center by focusing on collaboration in relation to Mammography Center (i.e. using their technical staff in performing the x-rays, their radiologist in interpreting the results, and referrals of positive cases for management).
- Continue to position JAFPP for participation in the MoH/PHR+ Pilot Obstetrics Project.

Task V (Training): To enhance the knowledge and skills of those who work in or contribute to reproductive and sexual health

Expected End-Result Va: JAFPP is recognized as a leader in providing training in the field of reproductive/sexual health

Expected End-Result Vb: JAFPP staff and volunteer capacity is commensurate with the needs of their job responsibilities and allows them to compete effectively in a changing environment

V.1 Institutionalize the internal training function

Activity this Quarter:

- All the Physicians were oriented on Birth Preparation classes through a meeting which was held at the beginning of August.

Next Steps:

- Continue working on training materials for sexuality counseling.
- The April Study Tour participants will hold training sessions in December for both physicians and social workers on counseling for sexual problems.

V.2 Establish a formal Family Planning/Reproductive Health Resource and Training Center

Activity this Quarter:

- One of the strategies for generating revenues to offset USAID's proposed funding cut for Year 4 included an activity to market JAFPP's reproductive health training capabilities to donors supporting the rebuilding of Iraq (following the model used for training Iraqi police—bringing the participants to Jordan). A statement of JAFPP's clinical training capabilities for reproductive health was drafted to be used for marketing purposes.

Next Steps:

- Donors and the IPPF-affiliate in Iraq will be contacted to market JAFPP's clinical training capabilities.

V.3 Take advantage of human resource development opportunities outside of JAFPP

Activity this Quarter:

- The participants of the Clinical Study Tour prepared a report of their experiences and circulated it to their colleagues. Each of the participants prepared a presentation on one particular area to be presented to her colleagues to inform them about updated information in relation to certain areas such as contraceptive technology and showing the lessons learned.
- Two meetings were held in September for the Physicians, Social Workers and Nurses in which the presentation were made and all the new information and lessons learned during the Study Tour were discussed and explained.
- The Global Health Council has issued its "Call for Abstracts" for its 2005 Conference. JSI met with JAFPP's staff to brief them about the conference and the requirements for

submitting abstracts. A long list of possible topics was identified. Four abstracts were drafted and submitted.

Next Steps:

- As indicated above, the participants will conduct training on counseling on sexual problems for the other staff categories in December of 2004.
- If any of the abstracts submitted for the Global Health Council conference are accepted, the presentations will need to be developed.

V.4 Create career development opportunities for students in the form of unpaid internships

Activity this Quarter:

- No activity this quarter.

Next Steps:

- Continue to look for opportunities to place University of Jordan students with JAFPP.